



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
STRUNK		WILLIAM	E	425.235.5186
MAILING ADDRESS (Street)				FAX
4707 SMITHERS AVE S				425.254.0543
(City)		(State)	(Zip Code)	
RENTON		WA	98055	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
JOHNSON AND JOHNSON			732.524.3074
MAILING ADDRESS (Street)			FAX
1 JOHNSON AND JOHNSON PLAZA; WT 402			732.524.3005
(City)		(State)	(Zip Code)
NEW BRUNSWICK		NJ	08933
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
DONALD BOTTN			732.524.3074
MAILING ADDRESS (Street)			FAX
1 JOHNSON AND JOHNSON PLAZA; WT 402			732.524.3005
(City)		(State)	(Zip Code)
NEW BRUNSWICK		NJ	08933

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

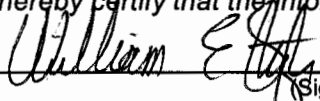
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

1/10/2005
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

DONALD BOTTA

NAME OF ORGANIZATION (if applicable)

TELEPHONE

JOHNSON AND JOHNSON

SEE PAGE 1

MAILING ADDRESS (Street)

FAX

1 JOHNSON AND JOHNSON PLAZA

SEE PAGE 1

(City)

(State)

(Zip Code)

NEW BRUNSWICK

NJ

08933

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/17/05
(Date)